IFPA-DLPC

| POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT  PART 2 - SITE INFORMATION AND ASSESSMENT  1. IDENTIFICATION 01 STATE 02 SITE NUMBER 1. 1980 70 40  |                             |                          |                             | ICATION                           |
|--|-----------------------------|--------------------------|-----------------------------|-----------------------------------|
| II. SITE NAME AND LOCATION   |                             |                          |                             |                                   |
| O1 SITE NAME (Legal, common, or descriptive name of site)  Heath & Milligan Co.  | 02 STREET,                  | ROUTE NO., OR SF         | PECIFIC LOCATION IDENTIFIER |                                   |
| Heath & Milligan Co. Chicago   | 04 STATE 0                  | 5 ZIP CODE 06            | Cook                        | 07COUNTY 08 CONG<br>CODE DIST     |
| 09 COORDINATES LATITUDE LONGITUDE  |                             | , L                      |                             |                                   |
| 10 DIRECTIONS TO SITE (Starting from nearest public road)  Untwo   | · ]                         |                          |                             |                                   |
| III. RESPONSIBLE PARTIES   | <del></del>                 | <u>-</u>                 | <del></del>                 |                                   |
| O1 OWNER (If known)  Un KNOWN  | 02 STREET (                 | Business, mailing, resid | iential)                    |                                   |
| 03 CITY  | 04 STATE 0                  | 5 ZIP CODE               | 06 TELEPHONE NUMBER         |                                   |
| 07 OPERATOR (If known and different from owner)  Unknown   | 08 STREET (                 | Business, mailing, resid | dential)                    |                                   |
| 09 CITY  | 10 STATE 1                  | 1 ZIP CODE               | 12 TELEPHONE NUMBER         |                                   |
| 13 TYPE OF OWNERSHIP (Check one)  A. PRIVATE B. FEDERAL:  (Agency nar  | те)                         | C. STATE                 | □D.COUNTY □ E. MU           | JNICIPAL                          |
| (Specity)  |                             | 7 5:0:                   |                             |                                   |
| 14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)  □ A. RCRA 3001 DATE RECEIVED: / / □ B. UNCON  | ITROLLED WASTE              | SITE (CERCLA 103 c,      | DATE RECEIVED: /            | AY YEAR C. NONE                   |
| IV. CHARACTERIZATION OF POTENTIAL HAZARD   |                             |                          |                             |                                   |
| O1 ON SITE INSPECTION  BY (Check all that apply)  A. EPA  B. EPA CONTRACTOR  C. STATE  D. OTHER CONTRACTOR  NO  MONTH DAY YEAR  E. LOCAL HEALTH OFFICIAL  F. OTHER:  (Specify)   |                             |                          |                             |                                   |
| CONTRACTOR NAM  02 SITE STATUS (Check one)  □ A. ACTIVE □ B. INACTIVE C. UNKNOWN   | F OPERATION  BEGINNING YEAR | R ENDING YE              | EAR JUNKNOW                 | 'N                                |
| 04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED   |                             |                          |                             |                                   |
| Unknown  |                             |                          |                             |                                   |
| 05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATIO   | N                           |                          |                             |                                   |
| unknown  |                             |                          |                             |                                   |
| V. PRIORITY ASSESSMENT   |                             |                          |                             |                                   |
| O1 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)  A. HIGH  B. MEDIUM  C. LOW  D. NONE  (Inspection required promptly)  (Inspection required promptly)  (Inspection required)  (Inspect on time available basis)  (No further action needed, complete current disposition form) |                             |                          |                             |                                   |
| VI. INFORMATION AVAILABLE FROM   |                             |                          |                             |                                   |
| O1 CONTACT Ken Bechely IE  |                             |                          |                             | 03 TELEPHONE NUMBER (3/3)345-9780 |
| TOWN S. LIV TEPA   | OG ORGAN                    | IZATION<br>) S           | 3121345-9780                | 08 DATE  // /3 81  MONTH DAY YEAR |
| EPA FORM 2070-12 (7-81)  |                             |                          |                             |                                   |





## POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 2 - WASTE INFORMATION

| ı |          | TIFICATION                    |
|---|----------|-------------------------------|
|   | OI STATE | 02 SITE NUMBER<br>D 980704473 |

| ~~ —-                           | ^   |                           | PART 2 - WAST                                    | <b>EINFORMATION</b>  |                         | 12 1996                               | 1070447  |
|---------------------------------|---|---------------------------|--|--|-------------------------|---------------------------------------|--|
| I. WASTE ST                     | TATES, QUANTITIES, AI                         | ND CHARACTER              | ISTICS   |  |                         |                                       |  |
| 1 PHYSICAL S                    | TATES (Check all that apply)                  | 02 WASTE QUANT            |  | 03 WASTE CHARACTE  | RISTICS (Check all that | apply)                                | ·  |
| A SOLID<br>B POWDER<br>C SLUDGE |   |                           | if waste quantities<br>independenti              | A TOXIC E SOLUBLE I HIGHLY VC<br>B CORROSIVE F INFECTIOUS J EXPLOSIV<br>C RADIOACTIVE G FLAMMABLE K REACTIVE |                         | SIVE                                  |  |
|                                 |   | CUBIC YARDS               |  | D PERSIST  | ENT H.IGNIT             | TABLE L INCOMI                        | PATIBLE  |
| D OTHER                         | (Specify)                                     | NO OF DRUMS               |  | ]  |                         | M. NOT A                              | PUCABLE  |
| II. WASTE T                     | YPE   |                           |  | <u> </u>   |                         |                                       |  |
| CATEGORY                        | SUBSTANCE                                     | NAME                      | 01 GROSS AMOUNT                                  | 02 UNIT OF MEASURE   | 03 COMMENTS             |                                       |  |
| SLU                             | SLUDGE  |                           | MAKHOWN  |  |                         |                                       |  |
| OLW                             | OILY WASTE                                    |                           | 1  |  |                         |                                       |  |
| SOL                             | SOLVENTS                                      |                           |  |  |                         |                                       |  |
| PSD                             | PESTICIDES                                    |                           |  |  |                         |                                       |  |
| occ                             | OTHER ORGANIC C                               | HEMICALS                  |  |  |                         |                                       |  |
| IOC                             | INORGANIC CHEMIC                              | CALS                      |  |  |                         |                                       |  |
| ACD                             | ACIDS   |                           |  |  |                         | · · · · · · · · · · · · · · · · · · · |  |
| BAS                             | BASES   |                           |  |  |                         |                                       | <del> </del>                                     |
| MES                             | HEAVY METALS                                  |                           |  |  |                         |                                       |  |
| . HAZARDO                       | DUS SUBSTANCES (See A                         | Appendix for most frequen | tly cited CAS Numbers)                           |  |                         |                                       |  |
| CATEGORY                        | 02 SUBSTANCE                                  | AME                       | 03 CAS NUMBER                                    | 04 STORAGE/DISF  | OSAL METHOD             | 05 CONCENTRATION                      | 06 MEASURE O<br>CONCENTRATIO                     |
|                                 |   |                           |  |  |                         |                                       |  |
|                                 | ······································        |                           |  |  |                         |                                       |  |
|                                 | <del></del>                                   |                           | <del>  </del>                                    |  |                         |                                       |  |
|                                 |   |                           |  |  |                         |                                       | -  |
|                                 |   |                           | <del>  </del>                                    |  |                         | <del></del>                           | <del> </del>                                     |
|                                 | · · · <u>· · · · · · · · · · · · · · · · </u> | <del></del>               | <del>  </del>                                    | <del> </del>   |                         | <del> </del>                          | <del> </del>                                     |
| <del></del>                     |   |                           | <del>  </del>                                    | <u> </u>   | <del></del>             |                                       | <del>                                     </del> |
|                                 | <del></del>                                   |                           | <del> </del>                                     | <del> </del>   |                         | <del> </del>                          |  |
|                                 |   |                           | <del>                                     </del> |  |                         | <del></del>                           | <del> </del>                                     |
|                                 |   | <del></del>               | <del> </del>                                     |  |                         | <u> </u>                              | <del> </del>                                     |
|                                 |   |                           | ļ  | <u> </u>   |                         | <b></b>                               | ļ  |
|                                 | <del></del>                                   |                           | ļ  | ļ  |                         | <u> </u>                              | <u> </u>   |
|                                 |   |                           | <del>                                     </del> | ļ  | <del></del>             |                                       | ļ  |
|                                 | <del></del>                                   |                           | 1  |  |                         | <u> </u>                              | <u> </u>   |
|                                 |   |                           | <u> </u>   | <b></b>  |                         | <del> </del>                          |  |
|                                 |   |                           |  |  |                         | <del></del>                           | <b>.</b>   |
|                                 |   |                           |  |  |                         |                                       |  |
| FEEDSTO                         | CKS (See Appendix for CAS Numb                | pers)                     |  |  |                         |                                       |  |
| CATEGORY                        | 01 FEEDSTO                                    |                           | 02 CAS NUMBER                                    | CATEGORY   | 01 FEEDS                | TOCK NAME                             | 02 CAS NUMBER                                    |
| FDS                             |   |                           | <b>†</b>   | FDS  | <del></del>             |                                       |  |
| FDS                             |   | ·                         |  | FDS  | <del></del>             |                                       |  |
| FDS                             |   |                           | <del>                                     </del> | FDS  |                         |                                       | -  |
| FDS                             |   |                           | +  | FDS  |                         |                                       |  |
|                                 |   |                           | <u> </u>   |  |                         | <del></del>                           | L  |

**\$EPA** 

## POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

|          | TIFICATION                  |
|----------|-----------------------------|
| 01 STATE | 02 SITE NUMBER              |
| TL       | 02 SITE NUMBER D 980 704472 |

| WALL TARROUG CONDITIONS AND INCIDENTS                                       |   |              |            |
|---|---|--------------|------------|
| II. HAZARDOUS CONDITIONS AND INCIDENTS                                      | 02 FT ORSERVED (DATE                            | POTENTIAL    | () ALLEGED |
| 01 . E. A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED:    | 02 © OBSERVED (DATE ) 04 NARRATIVE DESCRIPTION  | PUTENHAL     | CA ALLEGEU |
| 01 [] B. SURFACE WATER CONTAMINATION<br>03 POPULATION POTENTIALLY AFFECTED. | 02 ☐ OBSERVED (DATE:) 04 NARRATIVE DESCRIPTION  | [] POTENTIAL | ☐ ALLEGED  |
| 01  C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED:             | 02 OBSERVED (DATE) 04 NARRATIVE DESCRIPTION     | .: POTENTIAL | C: ALLEGED |
| 01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED:       | 02  OBSERVED (DATE:) 04 NARRATIVE DESCRIPTION   | ਂ POTENTIAL  | □ ALLEGED  |
| 01 ☐ E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED:                  | 02 ① OBSERVED (DATE:) 04 NARRATIVE DESCRIPTION  | □ POTENTIAL  | C ALLEGED  |
| 01 ☐ F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED:                 | 02 □ OBSERVED (DATE:) 04 NARRATIVE DESCRIPTION  | L) POTENTIAL | t3 ALLEGED |
| 01 ☐ G. DRINKING WATER CONTAMINATION<br>03 POPULATION POTENTIALLY AFFECTED. | 02 [.] OBSERVED (DATE) 04 NARRATIVE DESCRIPTION | ( POTENTIAL  | E: ALLEGED |
| 01   H   WORKER EXPOSURE/INJURY<br>03   WORKERS POTENTIALLY AFFECTED:       | 02 [] OBSERVED (DATE                            | ☐ POTENTIAL  | C ALLEGED  |
| 01 (1) I. POPULATION EXPOSURE/INJURY<br>03 POPULATION POTENTIALLY AFFECTED: | 02 [] OBSERVED (DATE:) 04 NARRATIVE DESCRIPTION | [] POTENTIAL | □ ALLEGED  |
| ,   |   |              |            |

**\$EPA** 

## POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

TL D 980>4 6.3

|   | ZARDOUS CONDITIONS AND INCIDENTS                | IL D          | 78076672    |
|---|---|---------------|-------------|
| II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)  |   |               |             |
| 01 ☐ J. DAMAGE TO FLORA<br>04 NARRATIVE DESCRIPTION   | 02 □ OBSERVED (DATE:)                           | ☐ POTENTIAL   | □ ALLEGED   |
| 01   K. DAMAGE TO FAUNA  O4 NARRATIVE DESCRIPTION (Include name(s) of species)  | 02 G OBSERVED (DATE:)                           | □ POTENTIAL   | ☐ ALLEGED   |
| 01 [] L. CONTAMINATION OF FOOD CHAIN<br>04 NARRATIVE DESCRIPTION  | 02 □ OBSERVED (DATE:)                           | ☐ POTENTIAL   | □ ALLEGED   |
| 01 [] M. UNSTABLE CONTAINMENT OF WASTES (Spills: runoff standing liquids: leaking drums) 03 POPULATION POTENTIALLY AFFECTED | 02 [] OBSERVED (DATE:) 04 NARRATIVE DESCRIPTION | □ POTENTIAL   | □ ALLEGED   |
| 01 C; N. DAMAGE TO OFFSITE PROPERTY<br>04 NARRATIVE DESCRIPTION   | 02 ( ) OBSERVED (DATE:)                         | □ POTENTIAL   | □ ALLEGED   |
| 01 🖸 O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs<br>04 NARRATIVE DESCRIPTION  | 02 🗆 OBSERVED (DATE:)                           | □ POTENTIAL   | ☐ ALLEGED   |
| 01 [] P. ILLEGAL/UNAUTHORIZED DUMPING<br>04 NARRATIVE DESCRIPTION   | 02 CI OBSERVED (DATE:)                          | □ POTENTIAL   | □ ALLEGED   |
| 05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEG  | GED HAZARDS                                     |               |             |
|   |   |               | <del></del> |
| III. TOTAL POPULATION POTENTIALLY AFFECTED: IV. COMMENTS  |   | <del></del>   |             |
| There is no information available from  | n the telephone bock, city of 1                 | Chicago. Cool | < County    |
| V. SOURCES OF INFORMATION (Cité specific references, e.g. state files.  | sample analysis, reports)                       |               |             |
|   |   |               |             |